

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 1091039.176	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5	1						55				
6	1						56				
7		2					57				
8		2					58				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		6		6		TOTAL IND.				
TOTAL DEP.	7		12		17		TOTAL DEP.				
TOTAL CLAIMS	10		18		23		TOTAL CLAIMS				

PTO-1350 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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